



WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - _____

Spot Description: _____

_____-_____-_____- Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

- Letter of Confidentiality Received
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1149755

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

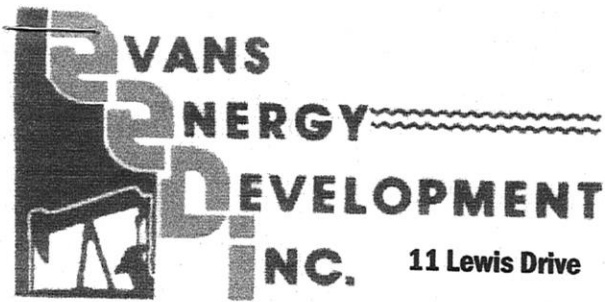
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method: Flowing Pumping Gas Lift Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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11 Lewis Drive

Paola, KS 66071

Oil & Gas Well Drilling
Water Wells
Geo-Loop Installation

Phone: 913-557-9083

Fax: 913-557-9084

WELL LOG

Kansas Resource Exploration & Development, LLC

Guetterman #KR-18

API # 15-091-23,941

January 8 - January 10, 2013

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
12	soil & clay	12
8	shale	20
23	lime	43
9	shale	52
8	lime	60
4	shale	64
1	lime	65
7	shale	72
15	lime	87
20	shale	107
20	lime	127
6	shale	133
50	lime	183
21	shale	204
10	lime	214
16	shale	230
6	lime	236
10	shale	246
11	lime	257
4	shale	261
3	lime	264
30	shale	294
25	lime	319
7	shale	326
23	lime	349
3	shale	352
4	lime	356
4	shale	360
6	lime	366 base of the Kansas City
172	shale	538
6	lime	544 oil show
6	shale	550
1	coal	551
7	shale	558
6	lime	564
15	shale	579
4	lime	583
5	shale	588
10	lime	598
26	shale	624

1	lime	625
50	shale	675
2	lime	677
19	shale	696
6	broken sand	702 brown & grey, light bleeding, gassy
3	oil sand	705 brown, light bleeding (gassy)
2	broken sand	707 brown & black, light bleeding, gassy
3	silty shale	710
14	shale	724
1	coal	725
4	shale	729
2	lime	731
24	shale	755
1	coal	756
39	shale	795
1	coal	796
8	shale	804
3	silty shale	807 white
12	shale	819
3	oil sand	822 brown, good bleeding
2	broken sand	824 brown & green, good bleeding
14	shale	838
1	coal	839
51	shale	890 TD

Drilled a 9 7/8" hole to 22'

Drilled a 5 5/8" hole to 890'

Set 22' of 7" surface casing cemented with 6 sacks of cement

Set 880' of 2 7/8" 8 round upset tubing with 3 centralizers, 1 float shoe and 1 clamp.



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

TICKET NUMBER 38722
LOCATION Ottawa KS
FOREMAN Fred Maden

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1/10/13	4448	Guetterman # KR-18	NE 19	14	22	JO
CUSTOMER Kansas Resources Expl + Dev.			TRUCK# DRIVER TRUCK# DRIVER			
MAILING ADDRESS 9393 W 110th St			506	Fred Mad	Safety Mtg	
CITY Overland Park	STATE KS	ZIP CODE 66210	495	Tas Ric	JR	
			370	Kei Car	KC	
			548	Mikhaa	MH	

JOB TYPE Logging HOLE SIZE 575 HOLE DEPTH 890' CASING SIZE & WEIGHT 2 3/8 EUE
CASING DEPTH 880 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
DISPLACEMENT 5.12 DISPLACEMENT PSI _____ MIX PSI _____ RATE 513 P M

REMARKS: Establish pump rate. Mix + Pump 100* Gel Flush. Mix + Pump 125 sks 50/50 Poz Mix Cement 2% Gel 1/2" Phen Seal/sk. Cement to surface. Flush pump & lines clean. Displace 2. 2 1/2" rubber plugs to casing TO Pressure to 800* PSI. Release pressure to set float valve. Shut in casing.

Fred Maden

Evans Energy Dev. Inc. - Mitchell.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030 ⁰⁰
5406	30 mi	MILEAGE	495	120 ⁰⁰
5402	880	Casing footage		NIC
5407	Minimum	Ten Miles	548	350 ⁰⁰
5502C	2 1/2 hrs	80 BBL Vac Truck	370	225 ⁰⁰
1124	125 sks	50/50 Poz Mix Cement		1368 ²⁵
1118B	310#	Premium Gel		65 ¹⁰
1107A	63#	Pheno Seal		81 ²⁷
4402	2	2 1/2" Rubber Plugs		56 ⁰⁰
			7.525%	SALES TAX 118 ²³
				ESTIMATED TOTAL 3414 ³⁵

Completed

Ravin 3737

AUTHORIZATION _____ TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form

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